Engaging Peer Educators in Delivering Evidence-Based Interventions: Innovative Training Models, Benefits, and Challenges

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Learning Objectives

- Identify two evidence-based practices (EBPs) in which peer educators can be trained and supervised

- Describe two methods of peer education training focused on the effective delivery of evidence-based practices

- Identify two benefits and challenges associated with training peer educators to deliver evidence-based interventions

- Identify two benefits of participation in evidence-based peer education practices to recipients of services and to peer educators delivering services
Why Train Peer Educators in Delivering Evidence-based Interventions?
Research Support and Practical Benefits
Student Involvement in Prevention Efforts

- Undergraduate students are the single most potent source of influence on peers’ affective and cognitive growth and development during college (Astin, 1993; Kuh, 1993; Whitt, Edison, Pascarella, Nora, & Terenzini, 1999).

- The frequency and quality of students’ interactions with peers extends to a positive association with college student persistence (Pascarella & Terenzini, 2005; Tinto, 1993).
Why Engage Students in Peer Education?

Peer Educators:

- Are trusted by classmates
- Have hands-on knowledge
- Are an important link
- Can assist in reducing stigma
- Can provide input to increase prevention program success
Why Engage Students in Peer Education?

Peer Educators:

- Extend outreach of the professional staff
- Provide student leadership opportunities
- Economical
Why Peer Education Works

- Peer influence is a key factor in determining the behavior of college students.

- College students regard their peers as a credible and trusted source of information (National College Health Assessment, 2000).

- Studies have shown that peers can be as effective as professionals in delivering alcohol interventions to college students (Fromme & Corbin, 2004).
Components of UAlbany Comprehensive Prevention Program

- Presidential Leadership
- Campus AOD Task Force
- Student Involvement/Leadership
- Social Norms Marketing
- Campus-Community Coalitions
- Inclusive Academic Excellence
- Healthy Living Communities
- Alcohol-Free Activities
- Early Intervention
- Restricting Alcohol Marketing/Promotion
- Policy Evaluation/Enforcement
- Parental Involvement
- Treatment & Referral
- Research and Program Evaluation - NCHIP
Specialized Interventions
• Individual Treatment
• Groups
• Psychological Evaluation
• Response to Urgent or Emergent Situations

Behavioral Health Promotion
• Peer Services
• Social Norms Campaign
• Orientation/First year Experience
• Web Based Interventions
• Step Up Bystander Intervention
• Speakers and Exhibits

Early Intervention
• Consultation & Training
• STEPS
• STEPS 2.0
• CARE Net
• Let’s Talk
• On-line Screening

Spectrum of Intervention: Counseling and Psychological Services

Optimize Health & Wellbeing
Reclaim Health
Prevent Problems
Treat Problems

Specialized Interventions
• Individual Treatment
• Groups
• Psychological Evaluation
• Response to Urgent or Emergent Situations
Selecting Our Interventions:

The NIAAA Report on College Drinking

April 2002

http://www.collegedrinkingprevention.gov/
NIAAA Recommendations for Classifying Intervention Effectiveness

**Tier 1:** Evidence of effectiveness among college students

**Tier 2:** Evidence of success with general populations that could be applied to college environments

**Tier 3:** Promising: Evidence of logical and theoretical promise, but require more comprehensive evaluation

**Tier 4:** Ineffective: No Evidence of Effectiveness

From: “A Call to Action: Changing the Culture of Drinking at U.S. Colleges,” NIAAA Task Force
NIAAA College AIM

http://www.collegedrinkingprevention.gov/collegeaim/
Essentials of Peer-facilitated Evidence-based Brief Intervention Practices

Motivational Interviewing
What is Motivational Interviewing?

- Person-centered
- Directive
- Method of communication
- For enhancing intrinsic motivation to change by exploring and resolving ambivalence

Miller & Rollnick (2002)

- Motivational Interviewing is used to provide the Brief Intervention component of SBIRT
The Spirit of Motivational Interviewing

- Non-judgmental
- Non-confrontational
- The relationship is a partnership, not expert/recipient
- Emphasizes meeting people where they are in terms of their level of readiness to change
  - Motivation for change is elicited from the individual, and not imposed from without.
  - It is the client’s/patient’s task, not the professional’s, to articulate and resolve his or her ambivalence.
- Look for a “hook” that may prompt contemplation of or commitment to change (e.g. sleep, money, weight, depression, family, health)
- The professional is directive in helping the individual to examine and resolve ambivalence
5 Principles of Motivational Interviewing

- Express Empathy
- Develop Discrepancy
- Roll w/ Resistance
- Avoid Argumentation
- Support Self-Efficacy
Using Effective “O.A.R.S.”

- open-ended questions
- Affirm
- reflect
- summarize

Examples:

“So on the one hand you’re planning to go to grad school, but your grades are being effected by going out so much.”

“There’s nothing that concerns you about your drinking.”
Peer Wellness Coaching
Supporting Student Resilience and Health Self-Efficacy
What is Peer Wellness Coaching?

- “A collaborative partnership that emphasizes guiding the person toward successful and lasting behavioral change through individualized support & reinforcement” (Swarbrick et al., 2008)

- Wellness coaches (Arloski, 2007):
  - Do not prescribe advice, but rather helps individuals’ generate self-identified strategies/steps to pursuing wellness goals
  - Help individuals’ work through the process of choosing a wellness-related goal
  - Ask facilitative questions to promote & strengthen individuals’ self-insight & motivation for change
  - Tailor approach to individuals’ strengths, readiness for change & personal/cultural preferences
  - Facilitate peers’ identification of supports/barriers to support goal progress
  - Provide structure & support to promote progress/accountability & instill hope & positive expectations
  - Provide individually tailored wellness-related resources & referrals

- Widely implemented approach for wellness coaching is Motivational Interviewing (MI; Miller & Rollnick, 2013)
<table>
<thead>
<tr>
<th>Wellness Coaching Characteristic</th>
<th>Congruent MI Phase/Approach/Skill (Miller &amp; Rollnick, 2013)</th>
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<tr>
<td>Do not prescribe advice, but rather helps individuals’ generate self-identified strategies/steps to pursuing wellness goals</td>
<td>Client-centered approach, personal control, OARS</td>
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<tr>
<td>Help individuals’ work through the process of choosing a wellness-related goal</td>
<td>Focusing, values clarification, pros/cons, goal mapping</td>
</tr>
<tr>
<td>Ask facilitate questions to promote &amp; strengthen individuals’ self-insight &amp; motivation for change</td>
<td>Evoking, OARS, identifying/strengthening change talk, developing discrepancy</td>
</tr>
<tr>
<td>Tailor approach to individuals’ strengths, readiness for change &amp; personal/cultural preferences</td>
<td>Affirming strengths, supporting self-efficacy, personal control, values clarification, readiness ruler</td>
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<tr>
<td>Facilitate peers’ identification of supports/barriers to support goal progress</td>
<td>Planning</td>
</tr>
<tr>
<td>Provide structure &amp; support to promote progress/accountability &amp; instill hope &amp; positive expectations</td>
<td>Focusing, planning, looking forward/back</td>
</tr>
<tr>
<td>Provide individually tailored wellness-related resources &amp; referrals</td>
<td>Offering referrals</td>
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Where Does Training of Coaches Begin?

- Backwards Course Design: what do we want students to be able to know and deliver once fully trained?
  - Wellness coaching using basic counseling and motivational enhancement skills
  - Some expertise in wellness-related research for the college population
  - Promote healthy behaviors among wellness coaches prior to working with clients
- Grounded in Social Cognitive Theory
Bloom’s Taxonomy

- **Create**
  - Produce new or original work
  - Design, assemble, construct, conjecture, develop, formulate, author, investigate

- **Evaluate**
  - Justify a stand or decision
  - Appraise, argue, defend, judge, select, support, value, critique, weigh

- **Analyze**
  - Draw connections among ideas
  - Differentiate, organize, relate, compare, contrast, distinguish, examine, experiment, question, test

- **Apply**
  - Use information in new situations
  - Execute, implement, solve, use, demonstrate, interpret, operate, schedule, sketch

- **Understand**
  - Explain ideas or concepts
  - Classify, describe, discuss, explain, identify, locate, recognize, report, select, translate

- **Remember**
  - Recall facts and basic concepts
  - Define, duplicate, list, memorize, repeat, state
Wellness Spokes

Spiritual

Creative

Physical

Emotional

Intellectual

Financial

Career

Social

Environmental
SCT Core Factors
Perceived Self-Efficacy for Performing Health Behaviors

I’ve won this far behind before; maybe I’ll lace up my shoes like her; I’m starting to feel that second wind!
SCT: Core Factors
Outcome Expectations for Performing Health Behaviors

- Have to do the dishes first, feel tired from cooking, miss out on the foods I love, feel anxious
- Have more energy, feel more self-confident, maintain a healthy weight, not have to buy new clothes

If I eat healthily instead of ordering take out, I’ll...
Peer Wellness Coach Training Course: Learning Modules

Includes eight learning modules delivered in the 15-week, 90 minute lab course
1. Introduction to Wellness, Peer Wellness Coaching, & Health Models & Approaches
2. Talking to Peers in Wellness Coaching: Motivational Interviewing
3. Supporting Self-Efficacy, Identifying Supports & Barriers & Effective Goal Setting
4. Engaging & Physical Wellness, Financial & Spiritual Wellness
5. Health Presentations from Professional Role Models
6. Focusing & Social, Career, & Intellectual Wellness
7. Evoking, Change Talk, & Emotional, Creative, and Environmental Wellness
Peer Wellness Coaching
Service Delivery Process

- Appointment - walk-ins or via hotline (afternoons from 1-5 @ ME)
- Students complete pre-test outcome measures (e.g., SOCS)
- Students receive coaching session based on MI principles: engagement, focusing, evoking, planning
- Students schedule follow-up session if necessary
- Students complete post-test outcome measures
- Students provided with take-home information about particular presenting query
PWA Training Program Outcomes: How Will We Evaluate Effectiveness?

- **PWCs’ own Wellness-Related Outcomes**
  - Pre-to-post changes in theoretically consistent, psychometrically validated, quantitative measures
    - Health Specific Self-Efficacy Scales
    - Health Behavior Outcome Expectation Scale

- **PWCs’ Competence in Demonstrating Basic MI-Skills**
  - Performance/scores on ongoing & final evaluative peer wellness coaching role-plays (i.e., in vivo or videotaped, MI fidelity rubric)

- **PWCs’ Learning, Internalization & Application of Course Concepts**
  - “Qualitative” data
    - Weekly journal assignments
    - Goal attainment scaling worksheets
    - Final essay exam
    - Used as manipulation checks (i.e., “are they ‘getting’ it?”)
Pilot Data: Spring ’16 Peer Wellness Coach Trainee Cohort

Outcome data collected from PWC trainees immediately before (pre-test) and after (post-test) completing the SCT-PWC training program.

- Health-Specific Self-Efficacy Scales (Schwarzer & Renner, 2009; Sheu, Dubovi, & Gale, 2016)
- Health Behavior Outcome Expectations Scale (HBOES; Sheu et al., 2016)
  - Tap college students’ SE & OE for engaging in nutrition, physical activity, & limiting alcohol & tobacco use
  - Psychometric evidence: internal consistency (> .90), four-factor structure, concurrent validity w/ health motivation & physical health status
Pilot Data: Spring ’16 PWC Trainee Cohort

Health Self-Efficacy

- PWAs reported higher health self-efficacy post-test ($M = 114.79$, $SD = 17.58$) compared to pre-test ($M = 103.74$, $SD = 18.71$). This difference was statistically significant $t (18) = -2.69$, $p = .015$, $d = .62$ and represented a medium to large-sized effect (Cohen, 1992).

Health Outcome Expectations

- PWAs reported higher positive health outcome expectations at post-test ($M = 207.11$, $SD= 16.09$) compared to pre-test ($M = 198.63$, $SD = 21.52$), and this difference was statistically significant $t (18) = -2.20$, $p = .041$, $d = .50$ and represented a medium-sized effect (Cohen, 1992).
Peer-Facilitated Screening and Brief Intervention
Identifying Risk and Providing Early Interventions
What is SBIRT?

- an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

- The SBIRT Framework
  - Screening
    - Assess the severity of substance use
  - Brief Intervention
    - Use Motivational Interviewing to build motivation to change
  - Referral to Treatment
    - Link to appropriate, requested services
SBIRT and MI = Evidenced Based Practices

Community and Pediatrics Primary Care

- Wallace (1988); Israel (1996); Fleming (1997, 1999); Ockene (1999); Senft (1997); Curry (2003); Grossberg (2004); Blow (2006); Thijs (2007); Anderson (2007); Guth (2008); Anstiss (2009); Abramowitz (2010); Outlaw (2010); Addo (2011); Botelho (2011) Ackerman (2011); Botelho (2011); Wilson (2011); Brobeck (2011); Gudzune (2012); Passey (2012); Nelson; de Normanville (2013); Butler (2013); Kaner (2013); Noordman (2013); Winickoff (2013); Davoli (2013).

Adolescents

- Monti (1999); Knight (2005); McCambridge and Strang (2004, 2008); Sampi (2001); Colby SM (2005); Hollis (2005); Walker (2006); Winters (2001, ‘05, ‘07); Stein (2006); Stern (2007); D’Amico (2006, 2008); Monti (2007); Kokotailo (2008); Suarez (2008); Olson (2008); Naar-King (2009-11); Pollak (2009); Perrin (2010); Spjikerman (2010); Tripodi (2010); Walton (2010); Mason (2011); Tavera (2011); Audrain-McGovern (2011); Stein (2011); Hoek (2011); Tripp (2011); Jensen (2011); Cunningham (2012); Bravender (2013).

College Students

- Baer (1992); Marlatt (1998, 2001); Borsari and Carey (2000); Larimer (2001); Murphy (2001, 2004); Feldstein (2007); Tollison (2008); LaBrie (2007, 2008); Cimini (2009); Walters (2009); Collins (2009); Schaus (2009); Fleming (2010); Grossberg (2010); Harris (2010); Murphy (2010); Kulesza (2010); Dermen (2011); Kazemi (2011).

Meta-analyses and Systematic Reviews: most studies- positive outcomes.


* Courtesy of Paul Grossberg, MD presentation at University at Albany, 2015
<table>
<thead>
<tr>
<th>SBIRT Settings</th>
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<tr>
<td>Behavioral Health Clinics</td>
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<td>Inpatient</td>
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<tr>
<td>Primary Care Clinics</td>
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<td>Psychiatric Clinics</td>
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<tr>
<td>School-Based/Student Health</td>
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<tr>
<td>Trauma Centers/Trauma Units</td>
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<tr>
<td>Urgent Care</td>
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<td>Homeless Facilities</td>
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Assessing Peer-facilitated Brief Interventions with Judicially Mandated College Students

- Studied peer-facilitated SBBI with judicially mandated student
- Peer facilitators supervised weekly; fidelity checks for MI adherence
- Peers had tendency for “intervention drift”
- Effectiveness of intervention associated with peers’ degree of MI adherence and fidelity to intervention as taught
- Training peers requires a great deal of time and attention
Lessons Learned
Implementing and Sustaining Effective and Safe Peer-facilitated Evidence-based Intervention Programs
Training Peer Educators

- Weekly supervision
- Provide a theoretical foundation
- Modeling of skills
- Role-plays
- Discuss challenges, concerns of peers
- Pre & Post-intervention feedback
- Videotaped interventions
Peer-Facilitated Evidence-based Program Sustainability

- Provide incentives for training
  - Link to academic program or major
  - Highly selective recruitment
  - Compensated for their participation via course credit, funding, scholarship
  - Opportunities for training from leading authorities in the field
  - Career-enhancing motivation
  - Leadership role within the organization
- Working with undergraduate peers requires close attention to training and ongoing supervision
- Risk of “intervention drift” and tendency to engage in problem-solving
Strategic Planning

Addictions Research Center

Project work group & Steering committee

Presentations & Publications

Consultation with colleagues

Media advocacy

Presidents Advisory Council on AOD Prevention

Sustainability
Thank You!

Questions?